



Date Received \_\_\_\_\_ Cashier No. \_\_\_\_\_ Operator No. \_\_\_\_\_

**Resource Indemnity Trust Tax**  
For Year Ending December 31, 20\_\_\_\_  
**Garnet, Quicklime, Talc & Vermiculite Producers**  
Title 15, Chapter 38, Part 1 MCA

Federal ID \_\_\_\_\_  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Telephone \_\_\_\_\_  
Contact Name \_\_\_\_\_

Name of Mine \_\_\_\_\_  
County \_\_\_\_\_  
Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_  
School District \_\_\_\_\_

Kind of Mineral	Quantity	Gross Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total Gross Value		_____

**Tax Computation**

1. Gross Value .....	1. _____
2a. Tax Rate Vermiculite (2%) .....	2a. <u>0.02</u>
2b. Tax Rate Talc (4%) .....	2b. <u>0.04</u>
2c. Tax Rate Quicklime (10%) .....	2c. <u>0.10</u>
2d. Tax Rate Garnet and By Products (1%) .....	2d. <u>0.01</u>
3. Tax (Minimum Tax = \$25) .....	3. _____
4. Late Pay Penalty (1½% per Month) .....	4. _____
5. Interest (1% per month on tax and penalty) .....	5. _____
6. Total Amount Due (Add Lines 3 thru 5) .....	6. _____

Under penalties of perjury, I declare that I have examined this return and to the best of my knowledge and belief the information contained herein is true, correct, complete and in compliance with applicable Montana statutes and regulations.

\_\_\_\_\_  
Signature of Principal Office or Agent

\_\_\_\_\_  
Date

**Date Due:** Before March 1st. Penalties and interest apply on all delinquent reports pursuant to 15-1-216, MCA.

**Mail To:** Montana Department of Revenue, P.O. Box 5805, Helena, MT 59604-5805